THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. I. December 15, 1837. No. 18.

Art. I.—ON THE POWERS OF ERGOT.

BY DR. E. H. BISHOP, OF NEW HAVEN.

We cheerfully give insertion to the following communication, regarding the powers of the ergot in cases in which its efficacy has by many been called in question. The experiments of Dr. Hooker[1] demand careful repetition. He found that when a quantity of pulverised ergot was macerated for several days in sulphuric ether, and the liquid evaporated in a glass vessel until it no longer afforded the smell of ether, there remained at the bottom of the vessel a small quantity of thick heavy oil, resembling in appearance fish oil; above this was a lighter oil, much more abundant than the former, of a light reddish brown colour and of a sweetish nauseous taste. This light oil was found to be possessed of decidedly narcotic properties. In two experimental cases, the effects of the ergot continued apparent for nearly a week; the pupils of the eye were dilated; the pulse, respiration, and capillary action, were very slow, and the skin livid,—with loss of appetite, general languor and lassitude, and rigidity and soreness of the muscles; those of the thighs and other parts of the lower extremities being more particularly affected. For three days the pulse continued below fifty, with a proportionate infrequency of the respiration.

Dr. Hooker recommends the clear watery infusion to promote uterine contractions. The form of infusion, however, as well as of decoction, was found by Dr. Jörg, to whose work we have referred in a former number of this journal,[2] to be highly unpleasant to the stomach, and it could not be repeated in his experiments in large doses for any length of time, without irritating the bowels, producing loss of appetite and general impairment of the digestive function.

We are glad of the opportunity, which Dr. Bishop has afforded us, of attracting the attention of our readers to the subject of the ecbolic and other properties of the ergot; but our respectable correspondent will see, we think, that his remarks—as well as those of Dr. Hooker—do not impair the force of the reasoning employed by us in the article to which he refers.[3] In the published cases of the effects of the ergot in the diseases to which we alluded,

[1] The Boston Medical and Surgical Journal, vol. x., p. 298. Boston, 1837.

[2] Intelligencer for Sept. 1, 1837, p. 211. See also the editor's General Therapeutics, p. 271, Philadelphia, 1836, and an analysis of Dr. Jörg's small pamphlet in the American Journal of the Medical Sciences, for May, 1837, p. 176.

[3] Intelligencer for Sept. 15, p. 219.

we see nothing to induce us to change the inference then deduced, that the origin of its employment seems to have been the knowledge, that on the uterine fibres of the parturient female it was capable of exerting a decided and an energetic action. A reference to these cases will, indeed, show that it was not given to such an extent as to induce any apparent narcotic effects. The whole result, of Dr. Jörg's experiments appears to be that, except in overwhelming doses, the ergot is a powerful excitant (Reizmittel), and consequently, in his view, it could be but little adapted for the generality of hemorrhages, which are diseases of over-excitement. As in the case of every question regarding the medical properties of a drug, this can only be settled by repeated and accurate observation.

—

New Haven, Nov. 14th, 1837.

Dear Sir,—From the extensive influence of any opinions proceeding from your pen, particularly in your remarks in your much valued "Intelligencer," I take the liberty of addressing you relative to the subject of ergot, as commented upon in the 12th No., Art. I., entitled, "Vulgar Errors in Medicine."

I feel it due to the discovery and observations of a friend, Dr. Charles Hooker, of New Haven, that the qualities and operations of ergot should be better understood, and if he is in error, that the error should be refuted.

Dr. Hooker, in 1834, published an article in the tenth volume of the "Boston Medical and Surgical Journal," founded upon experiments and an analysis made with the ergot in 1831. He therein demonstrated, I think, that the ecbolic and narcotic operations may be entirely distinct and separated, and that it may be used to promote the parturient efforts of the uterus without danger to the mother or child from the narcotism, which it is liable to produce. I will not trouble you with an analysis of his article or account of his experiments as then published, but take the liberty to refer you to the book.

Why almost every writer upon this medicine dreads the evil operation upon the child, narcosis or death, is a mystery; unless we suppose they have all used the substance, as in powder, or infusion—dregs and liquid, or the tincture. I have but once seen any unpleasant effects, and then I gave the powder;—the labour was protracted and narcotism produced. In this place it is the general practice to administer the *infusion*, and in that form it is considered safe and effectual in parturition. The *clear* infusion is made use of.

If, sir, the powers of the ergot are so different when given in infusion or substance, one producing only parturient efforts upon the uterine fibre, the other these with narcotic effects, may it not be given in substance or tincture for epistaxis and other hemorrhages, for other reasons than that it is useful in labour? And may not experience have demonstrated its utility without a suspicion that the narcotic and ecbolic power were not identical? As the ergot (some specimens more than others) is capable of depressing the pulse, might not reason indicate its use in bleeding from other organs than the uterus, or from that only after parturition?

Dr. H. has found it more safe and efficacious than digitalis in reducing the hemorrhagic pulse—even where the latter failed from peculiarity of constitution; or where the desired operation could not be effected from its operation on the bowels, &c., the ergot has succeeded. It is also more permanent in its effects, and so safe and certain in some cases, that it has been administered by a judicious nurse, when the symptoms reappeared, with success. In such a case as hæmoptysis half a dram was the medium dose.

Respectfully, sir, a subscriber and your obedient servant,

E. H. Bishop.

To R. Dunglison, M. D.

Art. II.—VULGAR ERRORS IN MEDICINE.

BY THE EDITOR.

(Continued from page 276.)

No. 5.—*On Frequent Changes of Remedies.*

Primerose, in his work on common errors in physic,[1] has a chapter entitled, "*Non esse mutanda remedia etiamsi curatio statim non succedat*"—that remedies are not to be changed although a cure may not immediately follow;—and the remark is as applicable at the present day as it was in his time. If due attention has not been paid to the investigation of the disease—if any uncertainty exists as to its pathological nature, or as to the powers of the therapeutical agents had recourse to; or if the physician is thrown off his balance by unreasonable expectations, or by petulance on the part of the patient,—he is apt to fly from one plan of treatment or from one remedy to another, and in this manner to become bewildered. On all these accounts it will be readily understood why this fault should be more observable in young practitioners than in old; and so striking is it apt to be in them, and so fraught with multitudinous evils, that it has been regarded by us as a solemn duty yearly to caution the student against it;—inculcating, at the same time, the necessity of enquiring strictly into the precise nature of the pathological phenomena that present themselves in any case which may fall under his attention, and of well comprehending the effects which his remedial agents are capable of exerting on the vital properties, in health and in disease; and when, after an ample investigation, he has laid down his indication of treatment, and decided upon the therapeutical agents that are adapted for fulfilling such indication, that he should not be disheartened if he finds his patient in the same condition at his subsequent visits, but persevere in his plan of treatment, unless some new and more philosophical view should have presented itself, which may have led him to infer that the indication previously embraced had been defective.

There is no circumstance which is so much calculated to render the young practitioner dissatisfied with the practice of his profession, as vacillating from one remedy to another without adequate reason. Instead of daily adding to his stock of valuable practical knowledge, his *experience* becomes the result of incessant empirical trials with the various articles of the materia medica, and is almost constantly false; the danger being in all such cases, that the agent last prescribed will absorb the whole credit of the cure, whilst in many instances it may have been inoperative, and the successful result may have been wholly owing to that instinctive action of recuperation, which is seated in all organised bodies—vegetable as well as animal—and which is capable of repairing injuries, when such injuries do not overstep certain limits.

The proper course for the physician to pursue in the treatment of chronic diseases—for to such our remarks are more especially appropriate—is well expressed by Hippocrates in his aphorisms.—"Omnia secundum rectam rationem facienti, si secundum rationem non succedat, non est ad aliud transeundum, quamdiu id manet quod ab initio visum fuit."[2] He who

[1] Jacobi Primerosii Doctoris Medici de Vulgi Erroribus in Medicina. Lib. iv., cap. 4, Amstel., 1639.

[2] Hippocrat. 11, aphorism 52.

does every thing in accordance with sound reason need not pass to any thing else—provided the thing does not succeed according to reason—so long as every thing is in the same state as it appeared in the beginning.

—

No. 6.—*Can Purgatives be necessary in Disease where Food is not taken?*

The same intelligent writer, to whom we have referred above,[1] has properly remarked, that when we recommend the use of cathartics to one who has no desire for food, and who may not have taken any for some time, we are met by the remark from the attendants that the prescribed remedy surely cannot be necessary, where there is so much weakness as often accompanies such cases; and that there cannot be any thing to be discharged from the bowels, seeing that nothing has been taken.

In cases of febrile diseases especially, this notion, if acted upon, would be most injurious. In all such affections, the mucous membrane of the digestive tube is in a greater or less degree of erethism, so that the secretions from it are by no means in a physiological or healthy condition, and, consequently, if not removed, may become *foyers* of irritation. Moreover, the various secretions that are poured out from the lining membrane of the supradiaphragmatic portion of the tube, as well as from the stomach itself, undergo digestion and require to be evacuated. It is well known, too, to the physiologist, that secretions possessing the fæcal odour are formed at the lower part of the small intestine and at the commencement of the large, so that evacuations, decidedly fæcal, may take place, although little or no alimentary matter may have been received into the stomach.

Hence the importance—in all febrile diseases—of evacuating the bowels once in every twenty-four hours, either by the employment of gentle cathartics, or of cathartic enemata; but whether the perturbating cathartic plan at one time recommended so strongly—especially by Dr. Hamilton, of purgative memory—can ever be appropriate in febrile affections, is a point on which we have recently expressed our opinion in the negative.[2]

Art. III.—MEDICAL TOPOGRAPHY—No. 8.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Continued from page 319.)

Intermittent Urticaria.

Some of the older writers on medicine make mention of this disease, but the moderns have barely noticed its occurrence. In the summer of 1835, when encamped on the Grand Prairie, on the left bank of the main Canadian river, in the Pawnee range, several officers and men of the 1st U. S. dragoons had this form of intermittent affection. It prevailed also with them on their return to Fort Gibson, in the fall, and there during the winter of 1835-36. In an official report made to the surgeon-general of the army, on

[1] Primeros., op. cit. Lib. iv., c. 17, p. 148.

[2] See the preface to the Report of the Royal Academy of Medicine on the memoir by M. De Larroque, on the use of Purgatives in Typhoid Fever, reprinted in the "Library" for November 1, 1837.

this disease, I noticed that the white flowering *nettle* grew luxuriantly in the neighbourhood of our encampment; and during the summer afforded a great part of the herbage eaten by the buffalo—whose flesh is the only meat subsisted upon by the troops in their expeditions into the Pawnee range. Was the urticaria produced by the meat of the buffalo eaten?—is a question that my limits will not permit me to discuss. A fact, however, may be mentioned in the affirmative,—*the affection only prevailed with those who were with us in the expedition.* Its intermittent character may have been derived from the influence of the usual causes of intermittent fever; but that the *eruption* depended upon the condition of the meat we ate I am thoroughly convinced. I have many facts in support of this opinion, but will only notice another. Several of the Alabama volunteers, lately arrived sick at Fort Mitchell, from a tour of arduous service in the Wahoo country of Florida, have their diseases complicated with *urticarious eruption.* On enquiry, I find, *that the nettle grows abundantly in the Seminole range, and that the cattle are very fond of it.*[1]

The usual premonitory symptoms of ague ushered in an attack of intermittent urticaria. But in several cases these were more violent; and in all attended with more or less gastric derangement. In many, great tormina of the bowels was present, with a constant disposition to go to stool,—in some with dysenteric discharges, in others copious bilious diarrhœa.

The eruption would make its appearance first upon the extremities, then upon the neck, breast, and face, and quickly extend itself over the whole surface. At first a few small *wheals*, independent or in patches, would come out, attended by intolerable itching heat, and accompanied by quick respiration and rapid pulse. These irritated by scratching would soon spread and coalesce one with another until the whole skin became raised and of a lively red colour. During the eruption muttering delirium was a common attendant; and in two cases convulsions came on. In the cases of a captain of dragoons and myself, our faces became so puffed out during the eruption as nearly to close our eyes—our lips so tumefied as to prevent distinct articulation. One paroxysm of the captain's was truly alarming,—he became strongly convulsed, his respiration oppressed, lips livid, and the eruption changed to a purple hue; his whole surface resembling greatly the cut of a Bologna sausage—extremities cold, and pulse scarcely to be felt. The eruption would disappear and the tumefaction of the skin subside on the establishment of the sweating stage; but could often be partially recalled by slight frictions to any part.

In my own case I could tell for days before an attack when I expected to have it. Wandering pains in the bowels, and itching of the palms of the hands and soles of the feet, were my premonitions. My medical attendant doubted at first the periodicity of the affection. To convince him, I let mine (a tertian) run on through two paroxysms—when I had it both times, to use his expression, "in full bloom."

The affection was in the greater number of cases quotidian, but I have treated several tertian and one quartan form. One case was met with complicated with icterus.

Treatment.—An emetic of ipecacuanha was generally given in the commencement of this disease with the effect to cut short the "cold stage" and bring out the *rash.* Injections of warm water were now directed, which usually gave great relief, as did also warm applications (particularly fomentations) to the whole abdomen. Cool acidulated drinks were gratefully received and proved beneficial. The torment of itching during the eruption was much assuaged by sponging with tepid water; and the delirium, so commonly present, subsided under warm bathing of the extremities and cold applications to the head. So soon as the attack terminated in a crisis of sweat, as it did in a large majority of cases, we commenced our treatment

[1] I do not pretend to assert that urticaria depends in *all* cases upon the condition of the meat eaten: I know it to be produced by a variety of causes.

with a view to break up the condition of the system upon which it depended, and to destroy its periodicity. In those cases where a dysenteric state of the bowels was present we gave pills of two grains of calomel with half a grain each of opium and ipecacuanha, every two hours until six were taken, and followed them by an ounce of castor oil and emollient enemata—enjoining at the same time the free use of mucilaginous drinks. In the others it was usual to give five grains of calomel with one grain of ipecacuanha and half a grain of opium in pill, and in four hours after another—followed in from four to six hours more by a dose of oil or salts. So soon as the bowels were freely moved and the liver had resumed its functions properly, quinine was exhibited in the manner directed in the treatment of intermittent fever —with the same effect as in that disorder, to break up its disposition to periodical return. To prevent its recurrence we gave the *arseniate of quinine*[1] in half grain doses, made up into pill with bread, or six drops of Fowler's solution of arseniate of potash, every six hours for a fortnight, or until its effects were manifested,—with an occasional laxative or injection to keep the bowels free.

Although the periodical disposition of this disorder to return could be readily overcome, persons who had once been affected were afterwards subject to partial attacks of it on the least imprudence in diet or on becoming overheated. In some this proved extremely troublesome as well as disagreeable. In their cases, blue mass, in small quantities, with opium and ipecacuanha to determine to the skin, was given, until slight mercurial effect became apparent on the gums and tongue, or in the breath. During and after taking the pil. hydrarg. as an alterative, half an ounce of syrup of sarsaparilla in a cup of sassafras tea was directed as a common drink. Saline baths were daily used, and the nitro-muriatic or chlorine foot-bath occasionally. This treatment in my practice was successful in all cases where the disease appeared disposed to become constitutional or chronic.

Art. IV.—ON THE USE OF THE DISCHARGE FROM BLISTERS.

BY S. A. COOK, M. D., OF BUSKIRK'S BRIDGE, NEW YORK

Epispastics were early admitted into the catalogue of remedial agents, and notwithstanding the various mutations of the science of therapeutics, they still maintain the character of valuable auxiliaries in the cure of disease. Yet, after centuries of observation, it appears to me that our knowledge of their operation is but limited. "We have contented ourselves with considering their revulsive action merely, but have not sufficiently investigated" other influences which they exert on the system. With the fall of the humoral pathology, that imaginary personification of the coction and depuration of peccant fluids, the utility of the discharge from vesicated surfaces has been lost sihgt of; forgetting that doctrines in themselves false and worthless are often based on facts,—the error arising from the manner of seeking the explanation, rather than from incorrect observation.

Every experienced practitioner, in some of his cases of phlegmasia, must have applied a succession of blisters without producing any very sensible effect on the disease; or, after the first vesication, any discharge from the blistered surfaces themselves. At length one more successful than its predecessors continues to secrete at first serum afterwards pus. A change of phenomena is now presented. The former vesications commence a similar secretion from the yet unhealed parts of their surface; the whole surface assumes a natural moisture; the disease yields; the general secretions are renewed; the suffering organ or texture resumes the performance of its functions, and a healthy balance is restored in the system. In such cases

[1] A preparation first introduced into practice, I believe, by myself.

the effect of epispastics is evidently secernent, and however inexplicable their *modus operandi* may be, the utility of the discharge cannot be denied. It is in accordance, I believe, with the experience of all practical men, and has the sanction (no mean evidence of truth) of all common observation.[1] Nor do they in this respect differ from other secernents of established character, if we except the surface on which their specific action operates.

Mercurials, the most powerful agents of the class, frequently present the same phenomena. While the local phlogosis continues its progress, and the constitutional exaltation remains unreduced, they exercise none of their characteristic influence—if exhibited in small doses acting as general excitants, if in large as cathartics and revellents—until the disease has reached the secernent point, when all the favourable circumstances following the free discharge from vesicated surfaces are presented. Thus we have a similarity in the therapeutical operation of agents of very different characters operating on different tissues, a circumstance which perhaps will be better understood if we examine more attentively the progressive changes of disease.

Phlegmasiæ of the various viscera more frequently terminate by an increased secretion from the mucous surface lining their cavities or cells, and through which they perform their respective functions. This secretion unloads their capillary vessels, reduces the morbid super-excitement of the part, and healthy action follows. The secreted matter, though at first not that of health, gradually, with the restoration of the organ, assumes the normal character.

An illustration of this is frequently presented in the free and easy expectoration that so commonly closes a successfully treated case of pneumonia. This termination of visceral inflammations has been aptly denominated "crisis," and as disease—though a morbid phenomenon—has an order in its progress as regular as that of the normal actions, it follows that it can only be effected at a certain period, or at what might be more properly termed a certain state in the progressive series of pathological changes. Before the arrival of this period the constitutional excitement has either been subdued by the previous treatment or has exhausted itself. The local disease, though still existing, is in a great measure restrained. The capillary vessels, though incapable, unassisted, of unloading themselves, are in a state favourable to the operation of excitants,—perhaps directly, certainly through other and sympathising organs or tissues. The mucous membrane, whose secretion has been suspended during the existence of the morbid excitement, is again disposed to assume its healthy action. Vigorous exertion from its follicular glands is needed in order to unload the distended capillaries. If an irritant be now applied to an organ or tissue between which and it there exists a sympathy or correlation of function, and if that irritant be possessed of the specific property of producing, on the organ or tissue to which it is applied, a morbid excitement, which terminates by secretion, through the influence of association an impulse is given to the mucous surface, which produces a like secretion,—that is, a secretion peculiar to the termination of morbid excitement.

Between the skin and mucous membrane exists a most intimate sympathy, a fact that has been observed by most writers on physiology. "In what manner this sympathetic association takes place we are unable to explain; but the fact is certain and therefore we shall not waste time in exploring the rationale."[2] It exists through a continuity of surface of similar structure. "The fact of the sympathy that exists between organs of analogous structure and functions is familiar to every pathologist. That of the skin and

[1] In an early number of this journal, for June 15, p. 100, we have afforded sufficient evidence, we think, to show, that this generalisation of our intelligent correspondent is too sweeping. We believe that the testimony afforded by observation and reflection is not in accordance with that mentioned in the text.—*Ed.*

[2] Johnson on Diseases of the Liver and Internal Organs.

mucous membrane is the most intimate. In every exanthematous disease, the danger is more or less dependent upon the degree of affection of the mucous membrane; and the direct rays of the sun beaming upon the body in warm climates induce diarrhœa and dysentery."[1]

Where so intimate a connection exists, as to attract the attention of all observers, an irritation of the one must exert a powerful influence over the other, and tend to produce on it a similar irritation; and if that irritation be artificially excited on one of these surfaces, the natural termination of which morbid state is secretion, and a similar morbid irritation already exists upon the other surface or its organ of function, a powerful influence will be exercised to terminate that also by secretion. Such is the *modus operandi* of epispastics applied at this particular period in the progress of those phlegmasiæ that affect the viscera whose functions are performed through a mucous surface. With regard to the serous tissues, the pleura, the peritoneum, &c., probably similar laws exist; and although, owing to the fact of there being no sensible outlet to their cavities, we cannot witness the discharge of the health restoring secretion from their inflamed surfaces, yet, reasoning from analogy and the observable effect of the discharge from vesicated surfaces in pleuritis, &c., the conclusion may be safely deduced, that similar pathological phenomena take place, and also that similar therapeutical effects are produced.

From the above observations it appears evident that there is a state during disease that may be termed the secernent point, and that before this period arrives in the progress of pathological change neither internal nor external secernents produce any farther effect than that of local irritants. An epispastic may vesicate before this period, yet secretion from its surface ceases on the removal of the cerate or other equally irritating dressings. But even here they may, and often do, operate favourably as revellents; yet the more triumphant examples of their utility are presented by those applied after this period, and are to be sought among those that discharge most freely.

Art. V.—NITRATE OF SILVER IN SOME CUTANEOUS DISEASES.

Mr. Chapman[2] having been engaged, whilst house-surgeon to St. Bartholomew's Hospital, in 1830, in testing the efficacy of the nitrate of silver in external inflammations, according to the method employed by Mr. Higginbottom, he was led to extend his experiments from erysipelas and inflammation of the absorbents, first to cases of erythema nodosum, and afterwards to squamous affections of the skin. Before proceeding further, it may not be amiss, with Mr. Chapman, to remind our readers of Mr. Higginbottom's mode of applying it. After cleansing the skin with soap and water, and drying it, the surface to be submitted to its operation is again moistened, and a solid stick of the lunar caustic is rubbed lightly over it, once or twice, according to the delicacy of the skin, and allowed to dry. No dressing is required, and the part must be kept cool. The slight vesication produced after the first twenty-four hours soon subsides, and about the fifth day the black pellicle loosens and peels off.

The following are the results obtained by Mr. Chapman. Of erythema

[1] Human Physiology, by R. Dunglison, first edition, vol. ii, p. 436.
[2] London Medical Gazette, Oct. 14, 1837, p. 96.

nodosum, two cases were treated; in one, the redness and induration disappeared entirely after a single application of the caustic; in the other, it was necessary to repeat it once more. His next experiment was made on squamous affections of the skin: lepra, namely, and several varieties of psoriasis.

In no case was the treatment solely and exclusively local. Alteratives were given, and other general means always adopted preparatory to, and continued during, the employment of the nitrate of silver; but Mr. Chapman thinks it fair to attribute the immediate amendment to the local remedy, since the same measures had been persevered in fruitlessly, for many weeks in some instances. In psoriasis palmaris he found it necessary to soak the hand in warm water for some time before the nitrate could act with effect through the horny, ragged, and everted flakes of cuticle. The surface, also, bears rubbing over more freely, and three or more series of applications are required to restore the skin to its natural condition. It is very true that relapses occur sometimes; but the repetition of the process will again remove the disease; and the intervals between its recurrence, when it proves obstinate, are generally considerable.

Besides squamous disorders, Mr. Chapman has made trial of the nitrate of silver in other cutaneous diseases. In porrigo, a strong solution of it is recommended by some practitioners almost as a specific. It was a favourite remedy with Mr. Wilkinson, who acquired some celebrity for his treatment of this troublesome malady. Mr. Chapmen tried it repeatedly both in solution and in the solid state, but in neither form was any permanent advantage gained by it.

In sycosis menti and eczema, in both of which disorders, as well as in herpes zoster, its efficacy has been rated highly, he has been equally disappointed. "In short," he says, "as far as my experience of its beneficial effects in diseases of the skin extends, it exerts a decided influence over those of a squamous character alone."

With regard to the management and curative powers of the nitrate of silver in erysipelas, inflammation of the absorbents, and other superficial inflammations, Mr. Chapman, makes the following remarks:—

"Erratic erysipelas I have sometimes seen confined within the belt of blackened cuticle produced by it; but in severe cases it more frequently steals beyond the margin, and spreads as before. Nor has the strong solution, as recommended by Dr. Elliotson been more efficacious.

"In inflammation of the absorbents arising from puncture during dissection, &c., the nitrate, resorted to early, almost always proves completely successful; but when the case has reached the verge of suppuration, or after that has actually occurred, its operation may be highly injurious. The symptoms become masked, and fluctuation difficult of detection; for instead of making its way to the nearest surface, the pus appears to shrink (if I may so express myself) from the coating of nitrate of silver, and spreads to a more remote point in search of a vent; producing, in some instances, serious mischief by its separation of the tissues."

Mr. Chapman, lastly, enquires into the principle of action of the nitrate of silver. By its stimulant or astringent property, or some peculiar power resident in it, the calibre of the enlarged vessels is reduced, and they appear to recover their tone. It may, he thinks, exercise an influence over the nerves of the part; at any rate, two of the characteristics of inflammation, pain and heat, always yield to it.

Art. VI.—PROFESSOR G. McCLELLAN'S CASE OF MALFORMATION OF THE SEPTUM NARIUM.

One of the last numbers of the Boston Medical and Surgical Journal[1] contains the particulars of a case of malformation of the septum narium—given by a physician, the subject of the affection—which was successfully operated on by Professor G. McClellan, of this city. From youth upwards persons with whom the patient conversed complained of the indistinctness of his enunciation, occasioned by some deformity about the nose. He had consulted various individuals, when he repaired to Philadelphia and applied to Dr. McClellan. "This gentleman, for the first time, pronounced it a congenital malformation of the septum narium. Upon examination, it was ascertained to commence where the cartilaginous septum joins the vomer; thence inclining to the right of the mesial line, it completely obstructed the right nasal passage, giving to the external appearance of the nose a very marked lateral curvature. Professor McClellan commenced the operation of extirpating the septum by passing a sharp pointed bistoury through its inferior portion, with the edge quite to the floor of the nostril; then adroitly curving and carrying it posteriorly nearly to the vomer, it was turned upwards and then forwards to the place of beginning, entirely removing the septum, without in the least interfering with either ala."

"Since that time," adds the narrator, "thanks to the skilful hand of the operator, my nose has become straight, my enunciation good, and I am enabled to breathe without an half opened mouth."

Art. VII.—DR. GRAVES ON THE TREATMENT OF CHOLERA.[2]

We insert the following article on the excellent effects of the acetate of lead in cholera, not because the remedy is new to us in this hemisphere, but because one of the most distinguished physicians of the day has found the results of his experience to be strikingly confirmatory of what was observed during the prevalence of cholera in this country in the practice of many of our physicians.

To the Editor of the Medical Gazette.

Sir,—As spasmodic cholera seems likely to fix itself permanently in Europe, and has lost nothing of its original malignity, every practitioner is imperatively called on to communicate whatever he thinks may prove serviceable in its treatment. This disease prevailed epidemically to a fearful extent in Dublin in 1832 and 1834. In the former year my practice among cholera patients was very extensive, but by no means successful. In 1834, about the latter end of July, when the disease was raging most violently among the middling and better ranks of society, and at a time when I had very frequent opportunities of treating it, too often had I to regret the inefficacy of the means employed, and, though aided by the advice of the most eminent members of the profession in Dublin, too often had I to witness the loss of cases, not apparently very dangerous when they began, and which seemed to leave full time for the employment of remedies, if such were

[1] For November 29, 1837.

[2] London Medical Gazette, Oct. 14, 1837, p. 100.

known. Under these circumstances I lost an intimate and highly esteemed friend, Surgeon Ryan, of Camden street. He was a young man of vigorous health, and the late Mr. M'Namara and I saw him many hours before any symptoms of collapse had set in; calomel and opium, blisters, frictions, sinapisms, stimulants, and all the most approved medicines, were diligently tried, but in vain; and from that moment I resolved to lay aside the mercurial treatment, which had so very often disappointed my expectations, although pushed to the greatest extent, and applied with the greatest activity and perseverance. During the preceding months of May and June, I had treated several cases of diarrhœa in fever, with large doses of the acetate of lead, according to Dr. Bardsley's plan, and I had had frequent opportunities of admiring the efficacy of this salt in checking profuse alvine discharges. Just as Mr. Ryan died, and while my mind was filled with regret at our failure in his case, I was called by Dr. Percival Hunt to see a lady in Nassau street, labouring under dysentery; I advised the free use of acetate of lead, and with marked success. Immediately after, I saw a case of cholera still in the state of premonitory diarrhœa, or rather just passing from the bowel complaint into the fully formed disease. I tried the acetate of lead boldly and with the happiest success. Thus encouraged, I applied this new method of treatment in every case to which I was called, and I was employed both night and day in visiting cholera patients, and every hour gave me additional proofs of the efficacy of the remedy. My formula was as follows:

R. Acetatis plumbi ℈j.; opii. gr. j. M. Fiat secundum artem massa, in pilul. xii. dividenda.

The premonitory diarrhœa has almost invariably stopped by taking one of these pills, at first every hour, and as the stools became less frequent, every third or sixth hour, according to circumstances. When the vomiting, spasms, and the state of collapse had begun, it was necessary to give a pill every quarter of an hour: after a couple of hours the effect of the pills became perceptible, in a diminution of the serous evacuations upwards and downwards; then the pills were given only every hour, and as the symptoms yielded they were given less and less frequently, and could in general be laid aside altogether before twenty-four hours. In some it was found necessary to give the acetate of lead in solution, combined with a little vinegar, and minute doses of acetate of morphia. Minute doses of opium were useful; any thing of large doses hurtful. Mr. Parr, the able and respected apothecary of the Meath Hospital, was saved by acetate of lead, after the usual astringents, combined with large doses of opium, had been fully tried. He was found by me to be sensibly under the narcotic influence of opium, but the peculiar symptoms of cholera had not been thereby checked. Many took more than forty grains of the acetate of lead in twenty-four hours; it usually darkened or even blackened, the alvine discharges, before they ceased altogether. Were I to enumerate all the cases of violent cholera that yielded to this treatment, I would be led into a tedious but not an uninstructive detail; I shall, therefore, merely refer to some of the most malignant cases, where the recovery of the patient was undoubtedly owing to the bold exhibition of acetate of lead, and where the success of this practice was acknowledged by witnesses the most unexceptionable and competent.

Mr. Peile, Deputy Inspector General of Hospitals, and Staff-Surgeon Colclough, will not readily forget the apparently hopeless case of an assistant-surgeon in the army, whose life was thus saved. Dr. Marsh was so struck with the effects of this medicine in the case of a young gentleman residing in the house of the Rev. Mr. Bermingham, Charlemount Mall, that he did not hesitate to my trying the same remedy in the case of Mr. Kerin, then President of the College of Surgeons, whose case seemed to be desperate. Mr. Maturin, son of the celebrated writer, was attacked in the most violent manner, and, indeed, neither I, Mr. M'Namara, or Mr. King, had any hopes of his recovery; yet he too was saved. Nothing could be more appalling than the state of Mr. Wilson, of Charlemount street. The effects of the

acetate of lead in his case were so striking, that Mr. Mulock immediately adopted the plan of treatment, and he assures me that he has thereby saved a great number of very bad cases. Dr. Davis, surgeon of the 18th, or Royal Irish Regiment of Foot, witnessed with extreme interest the acetate of lead tried, and tried successfully, in a very bad case at the Richmond barrack. Equally successful results followed the trial of this remedy in the hands of other practitioners, both in Dublin and various towns in Ireland, during the epidemic of 1834.

After I found out the benefits resulting from the employment of acetate of lead, I no longer desponded when called to cases of cholera, knowing that in the great majority of instances the disease would yield. Of course there are cases of cholera which admit of no treatment, and which an experienced eye will at once recognise as fatal; they occur generally among the aged, or the very young, and are fatal in the course of a few hours, often without any premonitory diarrhœa. But this constitutes no valid objection to the practice; for in what disease do not cases occur which baffle all our efforts? Fever, scarlatina, pneumonia, croup, inflammation of the brain, of the bowels, and many other affections, occasionally exhibit a degree of intensity which renders them as intractable, and as speedily destructive, as even the worst cases of cholera. But does this occasional intensity and occasional intractability, of certain cases, lead us to regard the diseases above enumerated as beyond the reach of medicine and the control of the physician? By no means; for although we feel our efforts in the particular cases specified to be unavailing, yet we also feel that where the intensity of these diseases is less, we can save numerous lives that would otherwise be lost; so it is, likewise, with cholera.

I may remark that, since 1834, cases of true Asiatic cholera occur sporadically every now and then in Dublin, as I believe happens also in most large towns in Europe once visited by this pestilential epidemic. Of these I have lately seen two decided cases; both were likewise visited by Mr. Mansfield. Both were saved; and yet one was so violent as to have reduced a powerful young man to a state apparently hopeless, in the course of three hours.

I cannot conclude without imploring the profession, in every part of the world where cholera prevails, to give my plan of treatment a fair trial, for I feel confident of its efficacy.

I have the honour to be, sir, your obedient servant,

ROBERT J. GRAVES, M. D.

Dublin, October 9th, 1837.

BIBLIOGRAPHICAL NOTICES.

Professor Aikin's Introductory Lecture.[1]

Professor Aikin is one of the medical faculty, engaged in delivering lectures in Baltimore, who conceive themselves entitled to corporate privileges under the charter granted in 1812, by which regents were appointed to manage the affairs of the university. In 1825, the legislature modified the whole management, and appointed a board of trustees in place of the regents —by which board the affairs of the university have been conducted ever since. Our readers may recollect, that—a few months ago—the then pro-

[1] An Introductory Lecture delivered before the Medical Class of the University, November, 1837. By William E. A. Aikin, M. D., Professor of Chemistry. 8vo, pp. 20. Baltimore, 1837.

fessors of the University of Maryland, appointed by the board of trustees, resigned their situations, and that their places were filled by other gentlemen, who consider themselves the *true* representatives of the University of Maryland. Under the impression, however, that the law of 1825, by which the trustees were appointed, and under which they have since acted, was unconstitutional, and therefore void, the ex-professors were reappointed by the regents under the charter of 1812, and they—with two others—one of whom is the intelligent gentleman whose introductory lecture is before us, constitute what is termed the "Regent's Faculty of the University of Maryland." Which of the faculties is the valid one, a court of law, we presume, will sooner or later determine; at present the matter is *sub judice.*

Situated as the two faculties are in relation to each other, it was to be expected—or rather to be apprehended—that some acrimony of feeling might exist between them, especially between those who had already formed part of the university. Good taste and professional delicacy and propriety, however, prevented the extension of such feeling were it ever permitted to escape them.

The present lecture, we are happy to see, is entirely free from any illiberal reflection or ungenerous inuendo, and is calculated to imbue the student with a lofty estimate of the elevated profession he has embraced, instead of encouraging him to acts of professional discourtesy and malevolence. The subject chosen by Professor Aikin is the advantage resulting from the study of physical science and especially of chemistry, and the apposite character of the discourse may be appreciated from the peroration.

"Gentlemen, the profession you have chosen is a laborious one,—laborious in its acquisition, laborious in its application. Chemistry constitutes but a single branch—others of equal importance will claim your attention. But in all, every thing depends upon your zealous co-operation. Hereafter you will be called upon to support the true dignity of the medical profession—a dignity that will not condescend to the artifices too often adopted to obtain business or preferment. And this can only be done by superiority of learning and magnanimity of conduct—by a conscientious fulfilment of the honourable duties of a life devoted to science and humanity. Strong in a consciousness of right you may bid defiance to all the machinations of ignorance and illiberality. To accompany you in your onward career, to assist your investigations, and lay before you the details of a science which constitutes my particular province, will be the high aim of my continued exertions, and my reward will be, gentlemen, your future eminence and success."—p. 20.

—

Clutterbuck on Fever.[1]

The author of this "Essay" is a veteran writer on fever, whose name and published views are probably equally well known to many of our readers. The essay before us, which appears in monographic form in the present number of the "Library," presents the opinions of an attentive observer through a long and successful career of practice. Nothing can better exhibit the immense utility of such a work as the "Library" than the fact that the "Essay" appears in little more than two weeks after its reception in this country; and at *one fourteenth* part of the price of the original!

[1] An Essay on Pyrexia, or Symptomatic Fever; as illustrative of the nature of fever in general. By Henry Clutterbuck, M. D. 8vo, pp. 136. London, 1837.

Graves's Clinical Lectures.

The valuable lectures of Dr. Graves—published in the London Medical and Surgical Journal, and in the London Medical Gazette—which were commenced in our last number, will be continued until completed. In a letter which we have recently received from the distinguished author, he thus kindly expresses himself:—

"It is a great satisfaction to us here to observe the progress our brethren in the States are making in all the sciences, and especially the medical. I always feel much pleasure in paying attention to physicians and surgeons of your country who visit us, and lately have had the pleasure of seeing two eminent men, Dr. Warren of Boston, and Dr. Ludlow of New York. When any of your friends visit Dublin I shall be glad to have an introduction from you by them."

Case of Monstrosity.—The following case of monstrosity has been communicated to the "Bulletin Médical Belge,"[1] by Dr. Stacquez, of Venloo.

The woman Vallen, of Venloo—mother of four children brought forth at the full time and well developed—was delivered on the 8th of May, 1837, of a child of the female sex, which presented the following vices of conformation. Although mature, the infant was not more than one foot in length, and appeared about three or four pounds in weight. The face was especially remarkable for the considerable projection of the superior maxillary bones, which gave the mouth the appearance of the beak of a bird. The eyes and nose were normal; the ears were placed very near the upper part of the neck; and the interior of the mouth presented a large division of the velum palati and of the palatine arch. But what rendered this anomaly interesting was, the conformation of the thoracic extremities. At the first aspect, one might say that the arms were wanting and that the fore-arms alone existed and were very short; but a more attentive examination enabled Dr. Stacquez to discover the following particulars. A small broad and flat bone occupied the place of the humerus; it was articulated superiorly with the glenoid cavity of the scapula, and inferiorly with a bone of the same size and of the same shape, which, by its inferior extremity, was articulated with the bones of the carpus in such a manner that the hand was bent slightly inward. The only difference which existed between the two limbs was, that the thumb of the right hand was wanting. The fingers were united by a kind of membrane, so that they resembled very much the feet of a palmipede animal. The chest was well developed, when compared with the rest of the body. The abdominal extremities offered nothing remarkable, except that the right foot was carried outward and turned upon the leg.

This child was (on the 27th of May) nineteen days old, and it had not then been possible to make it take any thing but a little sugared water, (*eau sucrée*), which it rejected immediately, if precaution was not taken to give it only one or two drops at a time. All the other functions were well executed.

This case belongs to the class of monstrosities by arrest of development of several parts, and also by excess of development, if we consider the projection of the superior maxillary bones. "I shall enter," Dr. Stacquez wisely concludes, "into no reflections touching the cause of this monstrosity, which the inhabitants of Vanloo attribute erroneously to the imagination of the mother during her pregnancy: they would only draw me into hypotheses which would be combated as soon as propounded."

[1] Juin 1837, p. 101.

Substitute for the Liquor Opii Sedativus.—In a recent English periodical[1] Mr. Houlton recommends the following preparation:—"Take two ounces and a half of the best Turkey opium; thirty-two fluid ounces of Beaufoy's acid, the strength of pickling vinegar; macerate with a gentle heat for six days, frequently shaking the vessel; then filter, and evaporate the fluid to the consistence of the extracts of the pharmacopœia, finishing the evaporation by the spontaneous method. (This he employs under the name of *extractum opii aceticum.*) Take the above extract; alcohol, five fluid ounces; distilled water, thirty-five ounces; macerate for eight days and filter."

This liquor is about the strength of the tinctura opii.

Cutaneous Eruption caused by the Use of Copaiba.—Dr. Grossheim[2] has recently published three cases of this kind. They are by no means uncommon; those that we have seen appearing to have been partly caused by the copaiba having been administered in very large doses. The eruption—a form of urticaria—is produced in the same manner as, and is identical in its nature with, that caused in particular idiosyncrasies by the use of shell-fish, and certain other articles of diet.

According to Dr. Grossheim, Dr. Wisbach has noticed the same effect from the use of cubebs.

Statistics of Sexual Diseases and Cancer in Females.—M. Tanchou[3] gives the following as the statistics of sexual diseases and cancers in females at different ages, in Paris.

Before 20 years,				25	diseases of the sexual organs	and	no	cancer.
From 20	to	30	years,	442	sexual	diseases	and 86	cancer.
" 30	40	"		279	"	"	" 212	"
" 40	50	"		137	"	"	" 402	"
" 50	60	"		70	"	"	" 353	"
" 60	70	"		60	"	"	" 242	"
" 70	80	"		42	"	"	" 147	"
" 80	90	"		13	"	"	" 58	"

New Medical Periodical.—We have received the prospectus of a new medical journal to be entitled the "Medical Examiner," and to be devoted to medicine, surgery, and the collateral sciences. The editors are Drs. J. B. Biddle and M. Clymer, of this city.

The plan of the "Examiner" will be that of the weekly gazettes of Paris, London, and other European capitals, and amongst other matter it will contain clinical reports of interesting cases in the hospitals of the city and elsewhere.

The first number will appear on Wednesday the third of January, 1838, and on every alternate Wednesday thereafter. It will be printed on a large sheet; will—it is averred—be neatly executed, and contain sixteen pages, 8vo, of double column: the price, three dollars a year, payable in advance.

[1] London Medical Gazette, for August 12, 1837.

[2] Medicinische Zeitung, Feb. 22, 1837, s. 36. See also Ibid. No. 36, Sept. 7, 1836.

[3] Journal des Connaissances Médicales, Nov. 1836.

We hail the appearance of every new promoter of science with sincere pleasure, and we trust that the editors of the proposed periodical may meet with that success which will enable them to devote their energies to the important cause in which they have embarked.

Such an undertaking, fulfilled with zeal and ability, cannot fail to be useful to the profession.

Solid Nitras Argenti in the Gonorrhœa of Females.—We have before alluded to this subject.[1] In a late medical journal[2] we find additional evidence in favour of the view then taken. Mr. H. S. Taylor, of Hereford, has employed the nitras argenti and seen it employed, since Dr. Hannay's publication, in between thirty and forty cases, and he states, that "it is not only a most efficacious remedy, but that it is unattended with *any bad symptoms*, and excites scarcely any uneasiness." He has invariably found that in twenty-four hours after the application of the solid nitrate of silver, the nature of the discharge underwent a considerable change, and in the course of a few days ceased altogether.

Emphysema from Bursting of the Lung—Recovery.[3]—Mr. George S. Lilburn has described the case of a child four years old, labouring under hooping-cough, whom he found, on being called in consultation, lying in a state of coma consequent on convulsions. Emphysema existed above the left clavicle, which, in a few days, extended through the cellular texture of the whole body, and was so extensive over the abdomen and ribs as to raise the skin at least one inch in that situation. From the puffed appearance of the face, the child's friends could not recognise him.

The main treatment consisted in keeping the child as quiet as possible, giving a solution of tartar emetic, with tincture of foxglove, in frequently repeated doses, to reduce the circulation and respiration to the lowest possible ebb; and having the bowels relieved daily by a gentle cathartic. The diet was confined to one pint and a half of asses' milk per diem. After about a fortnight the crepitus began to subside, and continued to do so, gradually but slowly, until it entirely disappeared.

BOOKS RECEIVED.

From the Author.—University of Maryland, under its original and perpetual charter of 1812.—An introductory lecture, delivered before the medical class of the university, November, 1837. By William E. Aikin, M. D., Professor of Chemistry and Pharmacy. 8vo, pp. 20. Baltimore, 1837.

From the Author.—The Monument Cemetery of Philadelphia (late Père la Chaise), containing several scientific essays on the subject of rural cemeteries. Published by John A. Elkinton, M. D., the projector. 8vo, pp. 38. Philadelphia, 1837.

Guy's Hospital Reports, No. V., October, 1837. Edited by George H. Barlow, M. A. and L. M. Trin. Col. Camb., Inceptor Candidate of the Royal College of Physicians, and Physician to the Surrey Dispensary; and James P. Babington, M. A., Trin. Col. Camb., Member of the Royal College of Surgeons. 8vo, pp. 240 (ten lithographs). London, 1837.

[1] Intelligencer, for Sept. 1, 1837, p. 206.
[2] London Medical Gazette for Oct. 7, 1837, p. 63.
[3] Ibid, Sept. 16, 1837, p. 913.